

CANDIDATE COMMITTEE

FOR OFFICIAL USE ONLY

COVER PAGE	
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 05/05/08 to 07/20/08
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.
138071	Johnson Blake K.
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable) Charter Commissioner, District # 23
Committee to Elect Blake Johnson	Crianter Commissioner, District # 25
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
22000 Edgewood	Melanie Mack
St.Clair Shores, MI 48080	22000 Edgewood ⊴€ S
·	10.000
	St.Clair Shores, Mi 48080
Area Code and Phone (586) 744-3501	
if the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone (586) 744-3501
7. Treasurer's Business Address	8. Declarated Passed kenner's Name and Mailing Address (If the committee has a
GETRAG Transmissions Corp.	9mc 0
35533 Mound Road	n/a ≧≅ □
Sterling Heights, Mi 48310	
Area Code and Phone (586) 744-3501	Area Code and Phone
9. TYPE OF STATEMENT	17/102 9000 0000 11000
	t-Election 9c. Annual Statement (Coverage Year)
	- Complete Hom Gr. Sh. Gr.
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
	9e. Dissolution of Candidate Committee
Primary	neral Effective Date of Dissolution
Convention	nooi Effective Date of Dissolution
Special Cau	By checking this item, I/We certify that the committee has no assets or
Date of Election, Convention or Caucus	outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for
08/05/08	the Reporting Waiver.
	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all n	equired Campaign Statements. The Campaign Statements must include all applicable enditures, and cutstanding debts count against the \$1,000 Reporting Waiver threshold.
Schedules. Direct contributions, in-kind contributions, loans, expellif any of the information listed in Items 2, 4, 5, 6, 7, or 8 has change	reductives, and outstanding debts count against the \$1,000 Repolating Yvalver threshold. Yed since the information was shown on the committee's Statement of Organization, are
amendment to the Statement of Organization should accompany before the filing deadline of a required campaign statement, to	ged since the information was shown on the committee's Statement of Organization, an this Campaign Statement. If a request for a Reporting Walver is not received on or that campaign statement cannot be walved.
10. Verification: I/We certify that all reasonable diligence was used	in the preparation of this statement and attached schedules (if any) and to the best of omplete.
imytour knowledge and belief the contents are true, accurate and c	omplete.
Current Treasurer or Melanie Mack	07/25/08
Designated Record keeper Type or Print Name	Signature Date
The state of the s	
Candidate Blake Johnson	Date 07/25/08
Type or Print Name	Signature
Authority granted under P.A. 388 of 1976	



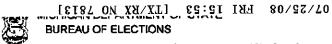
MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

1. Committee I.D. Number 138071

SUMMARY PAGE **CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Blake Johnson

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 3,000.00	-
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$3,000.00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _\$0.00	(22.) \$
EXPENDITURES		
8. Expenditures	24 222 42	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$1,930.43	-
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	-
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	-
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$1,930.43	_ (23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	_
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.)\$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$
DEBTS AND OBLIGATIONS		
12. Debts and Obligations a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$0.00	_ .
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$0.00	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$3,000.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_\$3,000.00	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$1,930.43	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$1,069.57	*

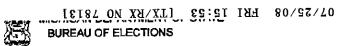


ITEMIZED CONTRIBUTIONS **SCHEDULE 1A** CANDIDATE COMMITTEE

138071 1. Committee I.D. Number

2. Committee Name	Committee to Elect Blake Johnson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/17/08 Name & Address:		
Johnson, Cathy L. 20 Moorland Grosse Pointe Shores, Mi 48236	_s 500.00	s
5. If over \$100.00 cumulative, please provide:		
Occupation HR Manager Employer GTJ Consulting	Click Here fo	or Memo Iternization
COACO CARRIER DIA DARRAMIA NAS ACCOC		
Business Address 2010U Comillie Dr., Roseville WI 48006 Type of Contribution: Direct Loan from a person Fund Raiser	_	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/14/08 Name & Address		
Johnson, Gene T. 20 Moorland	_{\$} 500.00	\$
Grosse Pointe Shores, Mi 48236		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Owner Employer GTJ Consulting		
Business Address 20100 Cornillie Dr., Roseville Mi 48066		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/15/08 Name & Address:		
Johnson, Mandy E. 22750 Gordon Switch	_{\$} 500.00	\$
St. Clair Shores, Mi 48081 5. If over \$100,00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Admin Asst. Employer GTJ Consulting		
Business Address 20100 Cornillie Dr., Roseville Mi 48066		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/14/08	I	
Name & Address		
Johnson, Brandon T. 22750 Gordon Switch St. Clair Shores, Mi 48081	_{\$} 500.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation President Employer GTJ Consulting	GIOR FIOIC IOI	WOND ROTHERD
Business Address 20100 Cornillie Dr., Roseville Mi 48066		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Page Subtotal	\$2,000.00	_
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	-
Page 1 of 2	tine 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

1. Committee I.D. Number 138071

CANDIDATE	COMMITTEE	2. Com

Committee to Elect Blake Johnson

Enter contributor's name and address. If contribution is from an individual, enter last name middle initial. Check box to indicate if contribution is from a Political Committee or an Indep Committee (PAC) Report all contributions regardless of amount.	pendent Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 06/17/08	
Name & Address:	
Macomb 21st Century 20506 Edmunton	, 500.00 s
St. Clair Shores	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: ✓ Direct Loan from a person Fund Raiser	· · · · · · · · · · · · · · · · · · ·
Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/14/08 Name & Address	
Johnson, Kyle	500.00
21620 Benjamin	_{\$} 500.00
St. Clair Shores, Mi 48081	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Field Supervisor Employer GTJ Consulting	
Business Address 20100 Cornillie Dr., Roseville Mi 48066	
Type of Contribution: ✓ Direct Loan from a person Fund Raise	ar
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt	
Name & Address:	
	\$ e
	<u> </u>
	Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raise	81
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt	
Name & Address	
	\$ \$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raise	
	Page Subtotal \$1,000.00
Grand Total of Al	Schedules 1A \$3,000.00
(Complete on last page	Enter this total on
Page 2 of 2	line 3a of Summary Page.

BUREAU OF ELECTIONS

1521 W. Lafayette Detroit, Mi 48216

Fund Raiser

Fund Raiser

Expenditure #5

Name

Address

ITEMIZED EXPENDITURES SCHEDULE 1B	1. Committee I. D. Number 138071 2. Committee Name Committee to Elect Blake Johnson			
CANDIDATE COMMITTEE				
	4. Purpose (Required Information)	5. Date	6. Amount	
3. Name and address of person or vendor to whom paid				
Expenditure #1			Ì	
Name		Date	\$	
Address	Purpose:	<u>.</u>		
	Clic	ck Here for Mema !	temization type	
Fund Raiser	Check box if this expenditure is payment debt or obligation reported on previous statement	of		
Expenditure #2			-	
		07/16/08	s 62.18	
Name City of St. Clair Shores	-beentage hellet veter lahels	Date	<u> </u>	
Address	Purpose: absentee ballot voter labels			
27600 Jefferson Circle Drive	Clic	Click Here for Memo Itemization Type		
St. Clair Shores, Mi 48081	The state of the supposed by the state of th	r of		
	Check box if this expenditure is payment debt or obligation reported on previous	· Oi		
Fund Raiser	statement			
Expenditure #3				
Name American Graphics Printing Co.		07/18/08	\$ 1070.60	
Address	Purpose: election post cards	Date -	·	
34895 Groesbeck Hwy.	ł	Click Here for Memo Itemization Type		
Clinton Twp., Mi 48035	Check box if this expenditure is payment			
	debt or obligation reported on previous			
Fund Raiser	statement			
Expenditure #4				
Name Sawicki & Son		07/03/08	s 797.65	
7-	Purpose: yard signs	Date		
Address	Purpose:	-		

Purpose: _ Click Here for Memo Itemization Type Check box if this expenditure is payment of

debt or obligation reported on previous Subtotal this page

\$1,930.43

Grand Total of all Schedules 1B (Complete on last page of Schedule)

\$1,930.43 Enter this total on line Ba of

Summary Page

Check box if this expenditure is payment of

debt or obligation reported on previous

statement

statement

Click Here for Memo Itemization Type